

## MEMORIAL MARKER – PERMISSION FORM

I would like to request a memorial monument be created in memory of

\_\_\_\_\_  
(name as it is to appear on the marker)

My name is \_\_\_\_\_.  
(please print clearly)

My relationship to the victim is that I am their \_\_\_\_\_. \*

I give my permission to Mothers Against Drunk Driving to request a monument in the area of

\_\_\_\_\_  
(site of crash)

\_\_\_\_\_ in memory of their death as a result of a traffic accident at this location; or

\_\_\_\_\_ in memory of their death as a result of in an alcohol-related\*\* accident at this location on

\_\_\_\_\_, (month and day) (year)

The Victim's Date of Birth is: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Need to provide some proof of the relationship with the victim.

\*\*Documentation must be provided to verify that the person involved in the crash was convicted of DUI for the incident.